

# Stanislaus County Tuberculosis Control Frequently Asked Questions

- Q1. I'm screening a patient for Tuberculosis infection and my patient is non-U.S.-born, what test do I choose?  
A. *The preferred test for persons born outside the U.S. is an Interferon-Gamma Release Assay (IGRA) blood test, such as the QuantiFERON TB Gold Plus (QFT) blood test. There is no fasting requirement.*
- Q2. My patient has a positive TB skin test or positive IGRA, what do I do next?  
A. *Do a symptom review, order a Chest x-ray (CXR), and review medical history.*
- Q3. My patient has symptoms or a CXR with abnormalities that may suggest TB disease, what do I do next?  
A. *Evaluate for active TB disease with bacteriologic tests. Order the following:*
- *Collect 3 sputum specimens at least 8 hours apart.*
  - *At least 1 sputum specimen should be collected early morning.*
  - *All specimens should be sent for AFB smear and AFB culture.*
  - *At least 2 specimens should be tested by a nucleic acid amplification test (NAAT), such as Xpert MTB/RIF.*
- Q4. All 3 AFB smear results are negative, can I start my patient on latent TB infection (LTBI) treatment?  
A. *No. Treatment for LTBI should be delayed until all AFB cultures are finalized as negative and active TB disease is ruled-out. This may take up to 8 weeks.*
- Q5. I have diagnosed my patient with LTBI and have ruled-out active disease, what are the treatment options for LTBI?  
A. *There are 3 options: 1) Isoniazid+Rifapentine, 2) Rifampin, and 3) Isoniazid. Shorter course treatments are just as effective as 9 months of Isoniazid, and are preferred due to increased rates of completion and lower risk of hepatotoxicity. Please refer to Latent Tuberculosis Infection Guidelines for more details.*